

## APPLICATION DATA SHEET

Application number::  
Filing Date::  
Application Type:: Continuation-in-Part (Utility)  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: SURGICAL PERFORATION DEVICE AND METHOD  
WITH PRESSURE MONITORING AND STAINING  
ABILITIES  
Attorney Docket Number:: 12361-10US-1 JEL  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 2  
Total Drawing Sheets:: 10  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Secrecy Order in Parent Appl.?:: No

## INVENTOR INFORMATION

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full capacity  
Given name:: Naheed  
Middle name::  
Family name:: VISRAM  
Name Suffix::  
City of Residence:: Markham  
State or Province of Residence:: ON  
Country of Residence:: Canada  
Street:: 2 Buttonfield Rd.  
City:: Markham  
State or Province:: ON  
Country:: Canada  
Postal or Zip Code:: L3R 9E9

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full capacity  
Given name:: Krishan  
Middle name::  
Family name:: SHAH  
Name Suffix::  
City of Residence:: Mississauga  
State or Province of Residence:: ON  
Country of Residence:: Canada  
Street:: 5102 Durie Rd.  
City:: Mississauga  
State or Province:: ON  
Country:: Canada  
Postal or Zip Code:: L5M 2C7

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full capacity  
Given name:: Amanda  
Middle name:: April  
Family name:: HARTLEY  
Name Suffix::  
City of Residence:: Brampton  
State or Province of Residence:: ON  
Country of Residence:: Canada  
Street:: 8 Redcastle St.  
City:: Brampton  
State or Province:: ON  
Country:: Canada  
Postal or Zip Code:: L7A 1P1

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 020988  
Phone number:: (514) 845-7126  
Fax:: (514) 288-8389  
E-Mail Address:: swapat@swabey.com

## REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

## DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application[CBB1]	Continuation-in-Part	10/347,366[CBB2]	January 21, 2003

## ASSIGNEE INFORMATION

Assignee name::	Baylis Medical Company Inc.
Street::	5253 Decarie Blvd. Suite 540
City::	Montreal
State or Province::	PQ
Country::	Canada
Postal or Zip Code::	H3W 3C3